

**DATA REQUEST FORM**  
**Minnesota Government Data Practices Act**

The City of Vergas is an equal opportunity provider & employer.

**Vergas City Hall**

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**Completed by Requester**

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

Description of the information requested: (attach additional sheets if necessary)  
Charges may apply such as photo copies at 25 cents each and employee time involved in retrieving information.  
Please allow reasonable time to receive your requested information.


\*\*\*\*\*

**Completed by the City of Vergas**

Handled by: \_\_\_\_\_

*Information classified as:*

☐ Public    ☐ Non-Public    ☐ Private    ☐ Protected Non-Public    ☐ Confidential

*Action:*

☐ Approved    ☐ Approved in part (Explain Below)    ☐ Denied (Explain Below)

\_\_\_\_\_

*Remarks or basis for denial including MN Statute if applicable:*


***Charges:***

☐ None

☐ Pages x .25 cents = \_\_\_\_\_

☐ Special Rate: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Explanation: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date